

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/					51	/						
2		/				52		/					
3		/				53		/					
4		/				54		/					
5		/				55							
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37	/	/				87							
38		/				88							
39		/				89							
40		/				90							
41		/				91							
42		/				92							
43		/				93							
44		/				94							
45		/				95							
46		/				96							
47		/				97							
48		/				98							
49		/				99							
50		/				100							
TOTAL IND.	3		↓		↓	TOTAL IND.		↓		↓			
TOTAL DEP.	51	↔		↔		TOTAL DEP.		↔		↔			
TOTAL CLAIMS	54					TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS